

Baby - Ader

Town

County

MARYLAND

Died at

Benton

Balto

Month

Day

Y.

M.

Native of

Occupation

Date 1902

Mar

27th

Age

10

US

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

J.B. Ader -

Mother's

Maiden Name

Cause of

Primary

Premature Birth (6 mos)

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

C. V. Whaley, M.D. 151

Address

2. Hickman St & [redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

W. T. Akhurst

Town

County

Died at

Dist Washington Balt.

MARYLAND

Date 1902

Month

Day

Y

M.

D.

Native of

Occupation

3 19

Age 52

Md

Shoemaker

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

8

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis 27

How long sick

18 mos

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

C. H. Beeter

Dist Washington

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Cook's willow
Wm Brooks
Philopoli Pa

Name in Full

Certificate of Death

Marion Luthicum Almony
 Town County

Died at Baltimore MARYLAND

Date 1902.3.23 Y. 4 M. 6 D. 24 Native of md Occupation
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 0

Husband of
 Wife

Father's Name Chas. W. Almony Mother's Maiden Name Julia Rutledge

Cause of Death { Primary Tuberculosis 27 How long sick 23 days
 Immediate Meningitis Accident, Suicide, Homicide

Reported by Wm. Laid Stirling M.O.

Address Shaw
md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Annie M. Boner

Died at ^{Town} Canton ^{County} Baltimore MARYLAND

Date 19 02 Month Mch. Day 6 ^{Y.} 2 ^{M.} — ^{D.} — Native of Md Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living —

Husband of _____
 Wife _____

Father's Name Alexander J. Boner Mother's Maiden Name Catharine A. Potter

Cause of Death Primary Pneumonia 43 How long sick 16 days
 Immediate Pleurisy Accident, Suicide, Homicide

Reported by J. D. Tucker & Co.
 Address 25. S. Eden

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Intermont-
Texas Baltimore Co

March 8th 1902

Germanus Franck

Underwriter

Name in Full

Certificate of Death

Lanemia P. Boyer

Town

County

Died at Town

Balto.

MARYLAND

Date 1902 Month 3 Day 28 Age 19 Y. 1 M. 9 D. 2 Native of MD Occupation Infant
 Male ~~White~~ Married ~~Widow~~ Divorced ~~Number of children living~~
 Female ~~Colored~~ Single ~~Widower~~

Husband of
Wife

Father's Name Chas Edward Boyer Mother's Name Effie Boyer

Cause of Death { Primary ~~Accident~~ Immediate ~~Cardiac Asthma~~ How long sick 1 yr
 Accident, Suicide, Homicide

Reported by J. Parson Green M.D.

Address Town MD.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

John R. Buntz

Died at ^{Town} Mt Hope Retreat^{County} Balt Co

MARYLAND

Date 1902 ^{Month} 3 ^{Day} 10 ^{Y.} Age 28 ^{M.} ^{D.} ^{Native of} Md ^{Occupation} MechanicMale ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~Husband of _____
Wife

Father's Name _____

Mother's
Maiden NameCause of ^{Primary} Mania Post Epilepsy ^{How long sick} abt 8 years
Death ^{Immediate} Cardiac Failure - ^{Accident, Suicide, Homicide}

Reported by Frank J. Flannery M.D.

Address Mount Hope Retreat Balt Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



TO BE ANSWERED BY NEAREST RELATIVE

CERTIFICATE OF DEATH

MARYLAND

Died at *Brooks, Anna* Town *Salisbury* County *Bald*

Date of death *2* Month *March* Day *11* Age *25* Years Months Days

Sex *Female* Color or Race *W* Birth-place *Ind.*

Married Single or Widowed *Single* Occupation *Domestic*

Name of Wife or Husband

Father's Name *X* Father's Birthplace *X*

Mother's Maiden Name *X* Mother's Birthplace *X*

Name of person giving information *X* How related to deceased *X*

CAUSES OF DEATH

Primary *Sub-acute Malaria* How long *4 mos*

Immediate *Culn Tuberculosis* How long *4 mos*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Wade*
Salisbury, Md.

Accident or Suicide? *No*

PHYSICIAN OR CORONER



William Brown

MARYLAND

Died at *Towson* Town *Baltimore* County
 Date 19 *02* Month *3* Day *8* Age *70* Y. M. D.
 Male White Married Widow ~~Divorced~~ Native of *Ind* Occupation *mother;*
 Female Colored Single Widower Number of children living *5*

Husband of *Charlotte Brown*
 Wife

Father's Name *James Brown* Mother's Maiden Name *Mary Lightfoot*

Cause of Death { Primary *Alcoholism* How long sick *56*
 Immediate *Exposure* Accident, Suicide, Homicide

Reported by *J. H. Wilson M.D.*
 Address *Towson, Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Thomas Buchler
 Town Brighton County Balto Co
 Died at Brighton MARYLAND
 Date 19 02 3 26 Month Day Y. M. D.
 Age still Born Native of _____ Occupation _____
 Male White Married Widow Divorced
Female Colored Single Widower Number of children living _____
 Husband of Anne of Father
 Wife _____
 Father's Name Thos. H. Buchler Mother's Annie Buchler
 Maiden Name Annie McDonald
 Cause of Death { Primary Still Born } How long sick _____
 { Immediate _____ } Accident, Suicide, Homicide
 Reported by Frank J. Flannery MD
 Address MD Hope Retnab
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ephraim Bull

Town

County

MARYLAND

Died at

Warren

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3

30

Age

77

1

3

Balt Co.

farmer.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

None

Husband of

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

(Chronic valvular) Endocarditis

How long sick

4 months

Death

Immediate

Pulmonary Congestion

Accident, Suicide, Homicide

Reported by

Wilmer C. Onser M.D.

Address

Cockeysville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Harriet Burns

Town

County

MARYLAND

Died at *Towson**Balto.*

Died at *1902* Month *3* Day *2* Age *42* Y. M. D. *- -* Native of *MS* Occupation *Housewife*
 Date *1902* *3* *2* *42* *-* *-* *MS* *Housewife*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *1*

Husband of

Wife

Father's Name *Marion Burns*Mother's Name *Mary A. Burns*

Cause of Death { Primary *Abdominal Ascites* How long sick *4 months*
 { Immediate *Cardiac Asthenia* ~~Accident, Suicide, Homicide~~

Reported by *J. Gay et al Green M.D.*Address *Towson Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

W. E. Callahan

Died at ^{Town} Orangeville^{County} Balto

MARYLAND

Date 1902 ^{Month} Jun, ^{Day} 24th ^{Y.} Age 45 ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Soldier

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary Phthisis Pulmonalis

How long sick 2 Mos

Death Immediate Embacation

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mrs Isabella Calvert

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

or

Mar. 31

Age

74

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

ColoredSingleWidower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart Failure

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY RUSTALL, 75000

Dr. Rosslyn
Corbett
Me

Name in Full

Certificate of Death

John Casbach
 Town County

Died at *Chase Station*

MARYLAND

Date 1902 *3* Month *4* Day Y. M. D. Age *4 years*
 Male White Married ~~Widow~~ Divorced
~~Female~~ ~~Single~~ Single Widower Number of children living

Husband of *John J. B. Casbach*

Wife
 Father's Name *John J. B. Casbach* Mother's Maiden Name *Edy Casbach*

Cause of Death { Primary *27* How long sick
 Immediate *Consumption* Accident, Suicide, Homicide

Reported by *George W. Casbach*

Address *Chase Station*
William J. Jenkins

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ebner Cemetery

Name In Full

Certificate of Death

Thomas Cocking

Town

County

Died at Woodbrook

Baltimore

MARYLAND

Date 1902. Month 3 Day 16 Y. 51 M. 7 D. - Native of England Occupation Landscape Gardener
 Male White Married ~~Widower~~ ~~Never~~ Number of children living one

Husband of Emily Brauner Cocking
 Wife
 Father's Name John Cocking Mother's Name Mary Edward

Cause of Death Primary Acute Lymphatic Leukemia How long sick - about 6 mos
 Immediate Hemorrhage - Exhaustion ~~Accident, Suicide, Homicide~~

Reported by L. Tibbors Inack M.D. S3

Address 414 Woodlawn Road Roland Park Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma L. Cole

Town

County

Died at

Rockport, Calvert Co.

MARYLAND

Date 19

05

Mar

31

Age

16 yrs

Native of

Ind.

Occupation

~~Male~~

White

~~Married~~

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

27

Cause of

Primary

Pulmonary Tubercle over 10 yrs

How long sick

Death

Immediate

Is this a house falling

Accident, Suicide, Homicide

Reported by

John A. [unclear]

Address

Rockport, Calvert Co.

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Armstrong Denny Co.
St. Mary's
Rufand Ave.

Rev. George D. D. Collins

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 19	02	Month	3	Day	14	Age	46	Y.	M.	D.	Native of	Occupation
											Maryland	Minister
		Male		White		Married		Widow		Divorced		
		Female		Colored		Single		Widower			Number of children living	7

Husband of Festella Collins 120

Wife

Father's Name

Mother's Maiden Name

Cause of	Primary	Interstitial Nephritis	How long sick	two weeks
	Death	Immediate	Uremia & Bronchitis	Accident, Suicide, Homicide

Reported by Arthur W. H. Seiple M.D.

Address 3112 Edmond St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mount Carmel Cemetery

Name in Full

Certificate of Death

Jefferson Raymond Corbin

Town

County

Died at

Louth Hill

Batts

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Mar 22

Age

- 7 4

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Teething Stomatitis

How long sick

1 wk

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Lingard J. Whiteford

Address

Parkville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 75038

J. L. # 97
Miss M E

Name in Full

Charles Levering Crane

Died at *Pikesville* Town *Maryland, Baltimore* County MARYLAND

Date 19 *02* Month *March* Day *13* Age *33* Y. *8* M. *5* D. *Baltimore* Native of *Electrician* Occupation

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of _____
Wife _____

Father's Name *Charles Crane* 27 Mother's Maiden Name *Annie Levering*

Cause of { Primary *Pulmonary Tuberculosis* How long sick *4 years.*

Death { Immediate *Laryngeal Tuberculosis* Accident, Suicide, Homicide

Reported by *Warren Buckler*

Address *806 Cathedral St Baltimore*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edua Grist,

Town

County

MARYLAND

Died at

Huntington

Balt.

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 13

Age

2.7.

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

G. H. Grist.

Mother's

Maiden Name

Maggie Winkler

Cause of

Primary

Pertussis

How long sick

1 month

Death

Immediate

Broncho. Pneumonia

~~Strang. Violence, Homicide~~

Reported by

R. F. Handcock.

Address

Station E. Balt.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Town
Calumet

County

Baltimore

MARYLAND

Date 1892

Month Day

Mar 11

Age

Y.

51

M.

D.

Native of

Ireland

Occupation

Laborer

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living 6

Husband
of
WifeFather's
NameMother's
Name

Cause of

Primary

Gastric Catarrh.

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Charles L. Maupfeldt M D

Address

Calumet Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889



Name in Full

Certificate of Death

Edward G. Davis.

Town

County

Canton

Balt

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 15

Age

53. - -

Md

None

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 11

Husband

of

Elizabeth Davis

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Asthma.

How long sick

5 months

Death

Immediate

Pulmonary Oedema

~~Accident, Suicide, Homicide~~

Reported by

W. W. Jones

Address

3118 O'Connell St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Eugene B. Burkman

139

Town

County

Died at

MARYLAND

Date 19

02

Month

3

Day

10

Age

Y.

1

M.

11

D.

10

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

L

Wife

Father's

Name

Mother's

Maiden Name

Joseph Burkman

Marrettta Spurrier

Cause of

Primary

Pneumonia

How long sick

3 weeks

Death

Immediate

Exhaustion

93

Accident, Suicide, Homicide

Reported by

B. Hall

Address

Mt Minnans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



.

Name In Full

Certificate of Death

Percy Hikes Chaugle
 Died at *Adams* *Calto*

MARYLAND

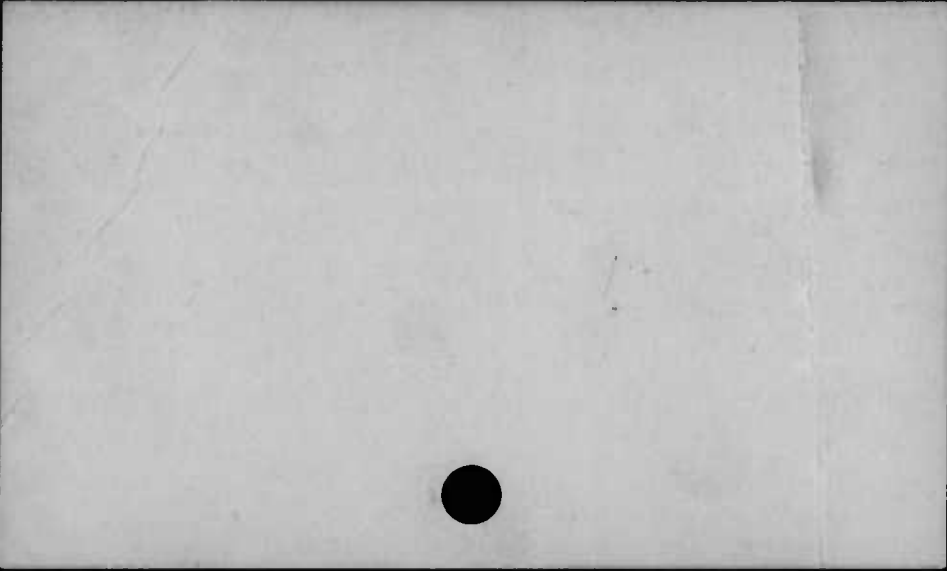
Date 19 <i>02</i>	Month <i>Mar</i>	Day <i>19</i>	Y. <i>1</i>	M. <i>28</i>	D. <i></i>	Native of <i></i>	Occupation <i></i>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of
 Wife *Hikes E Chaugle*
 Father's Name *Hikes E Chaugle* Mother's Name *Samuel B Chaugle*
 Maiden Name *Samuel B Chaugle*

Cause of Death	Primary	<i>Marasmus</i>	How long sick	<i>7 days</i>
	Immediate		Accident, Suicide, Homicide	

Reported by *Geo J. Hines* *105*
 Address *105*
Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Barbara Evelyn

Town

County

Died at

St. Agnes Hospital

Baltimore

MARYLAND

Date 19

02

Month

Day

Mar. 8

Y.

M.

D.

Age

22

Native of

Baltimore

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Mrs. Mary Gerhine

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Anemia

Accident, Suicide, Homicide

Reported by

Warren R. French, M.D.

Address

St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70065



Name in Full

Certificate of Death

John English *561*

Town *Middle River* County *Baeto* MARYLAND

Died at *Middle River* *Baeto*

Date 19*02* Month *Mar* Day *15* Age *42* Y. *—* M. *—* D. *—* Native of *Ireland* Occupation *Farmer*

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *—*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

179
few days

Accident, Suicide, Homicide

Reported by

Address

John W. Harrison *M.D.*

Middle River *Mar*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Cremr Cemetery

Name in Full

Certificate of Death

Lora Viola Findlay

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

Female

Colored

Single

Widower

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Sacred Heart-Cemetery
Germanus Franca
Under Taker

Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

Age

17 yrs

Maryland

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

Age

17 yrs

Maryland

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

Age

17 yrs

Maryland

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

Age

17 yrs

Maryland

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

Age

17 yrs

Maryland

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

Age

17 yrs

Maryland

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

Age

17 yrs

Maryland

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

Age

17 yrs

Maryland

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

Age

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Maryland

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Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

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Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maggie Fisher

Town

County

Milvale Balto.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

1891 1902 March 26

Age

17 yrs

Maryland

Domestic

Male

White

Married

Widow

Divorced

Female

A. S. Marshall

McClure Med

Mar - 27-1902

Name in Full

Certificate of Death

Gurshan Fogle

Town

County

Died at

Corbett

Balto.

MARYLAND

Date 19⁰² 3 9 Month Day Y. M. D. Age 2 Native of Mo Occupation

~~Male~~ White ~~Marrd~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Frank Fogle

Mother's

Maiden Name

Mary O'Keef.

Cause of

Primary

Pneumonia

How long sick

3 mos.

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

T. Ross Payne

Address

Corbett Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant (unnamed)

Town

County

Died at Catonsville

Baltimore

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

March

5

Age

1

Ind

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

Accident, Suicida, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Attended by Dr. _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Mrs. Sarah Gauthier

Town

County

Died at

Batonsville

Baltimore

MARYLAND

Date

1902

Month

Day

March 8

Y.

M.

D.

Age

25 - -

Native of

Maryland

Occupation

Housekeeper

Female

Colored

Married

Single

Widow

Widower

Number of children living

one

Husband
of
Wife

Thomas Gauthier

Father's
Name

Mother's

Name

137

Cause of

Primary

Child Birth

How long sick

3-4 days

Death

Immediate

Septicaemia

Accident, Suicide, Homicide

Reported by

Milton H. Easton

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Mary German

Town

County

Died at

Towern

Baltimore

MARYLAND

Date 1802 Month 3 Day 17 Y. M. D. Native of Occupation

~~Male~~

White

~~Marrd~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Primary

Immediate

How long sick

4 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Emma Isabelle Wee

Town

County

Died at

Reisterstown

Balto.

MARYLAND

Date 1902 Month 3 Day 1 Y. 26 M. 6 D. 16 Native of Md Occupation House Wife

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of J Leonidas Wee

Wife

Father's Name H. H Bollinger Mother's Name Sallie Bollinger

Cause of Death { Primary Puerperal Peritonitis How long sick 10 days

Death { Immediate Septic Poisoning ~~Accident, Suicide, Homicide~~

Reported by James Gordon M.D.

Address Reisterstown Md.

137

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Frederick Millerman Gilbert
 Town Glencoe County Balto.
 Died at Balto. MARYLAND
 Date 1907 Month 3 Day 19 Age 47.4.26 Y. M. D. Native of New York Occupation Machinist
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐
 Number of children living 1
 Husband of Alice Clifton Gilbert
 Wife's Name Elgate Gilbert Father's Name Wortha Austen Mother's Maiden Name Wortha Austen
 Cause of Death { Primary Acute Pneumonia Immediate Pulmonary Oedema How long sick 4 days
 Reported by H. G. Mitchell 93
 Address Venus, P.O. Balto Co., Md.
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm L Brooks
London, Park Cemetery

Name in Full

Certificate of Death

Elizabeth A. Gillard

Town

County

Died at

MARYLAND

Date 19 02 Mar 30 | Age 69-2-8 | Native of md | Occupation Housekeeper
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

3 mo

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

A. S. Marshall

Apr 1 - 1902

St Mary Hampton

Name In Full

Certificate of Death

Susanna Gore

Town

County

Died at

West Point

Batto

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

mar 14

Age

73

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Two

Husband

of

Wife

Phillip Gore

Father's

Name

Mother's

Maiden Name

James Gore

Ann Cook

Cause of

Primary

How long sick

5 mos.

Death

Immediate

Bright's disease

Accident, Suicide, Homicide

Reported by

H M Gude

Address

Reisterstown Md, 120

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828



Name in Full

Certificate of Death

James D Gouans.

Town

County

Died at

Newtown Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

02 3 9 Age 68 Y

Md

Laborer

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

One

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart Disease

How long sick

one year

Death

Immediate

Collapse

~~Accident Suicide Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. R. Mitchell
Hereford Md

79

Plaster

Name in Full

Certificate of Death

Kate Criffin

Town

County

Died at

Chase

Bact.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mch

13

Age

34

y

Md

MaleWhite

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

Carcinoma of uterus

How long sick

7 mo -

Accident, Suicide, Homicide

Reported by

C. V. Meade

M.D.

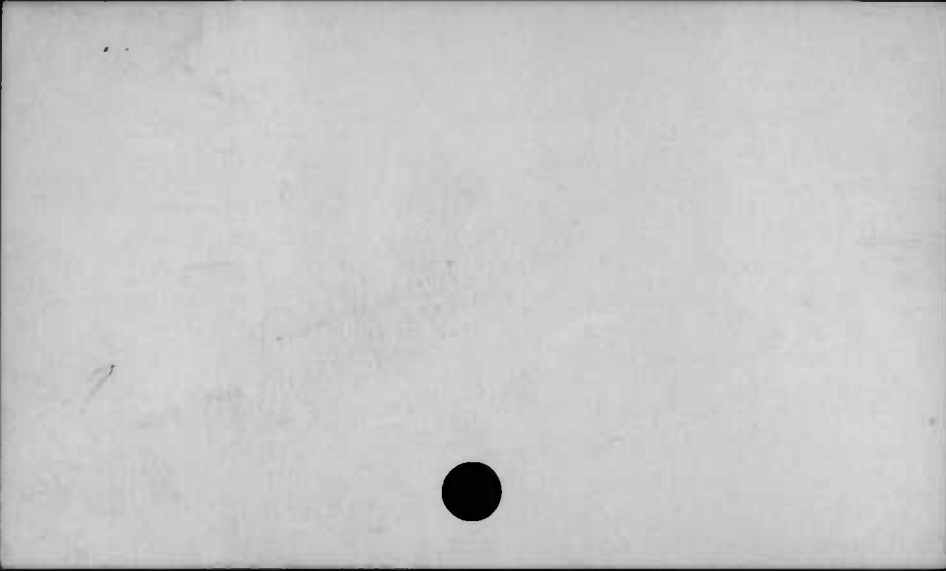
Address

Bassville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Mrs Sarah Groome

Died at ^{Town} Towson ^{County} Baltimore ^{State} of MARYLAND

Date 1902 ^{Month} 3 ^{Day} 19 ^{Y.} 65 ^{M.} England ^{D.} none
^{Native of} England ^{Occupation} none
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living Six

~~Husband~~ of Frederick Groome
 Wife

Father's Name Joseph Allen Mother's Name Sarah Allen

Cause of Death { Primary Malignant growth of Thyroid Gland How long sick Four months
 Immediate Uraemic Poisoning ~~Accident, Suicide, Homicide~~

Reported by H. J. Garrett M.D.

Address Towson, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Hack
 Died at ^{Town} Roseville ^{County} Bacto MARYLAND
 Date 1902 ^{Month} Mar ^{Day} 7 ^{Y.} ^{M.} ^{D.} Age 70 years ^{Native of} Germany ^{Occupation} Farmer
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 4

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Chronic nephritis
dysuria

How long sick

3 years

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

C. V. Mac... M.D.

Address

Roseville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. L.
Stammers

94

0 | 70 | 43 | 25

Hamilton.

Town Granite. County Balto. MARYLAND

Died at Granite.

Date 1902 Mar. 3rd Y. — M. — D. — Native of Mo. Occupation —

Age —

~~Male~~ Female White ~~Colored~~ ~~Married~~ Singl^r ~~Widow~~ Widow^r ~~Divorced~~ Number of children living

Husband of —

Wife —

Father's Name David E. Hamilton. Mother's Maiden Name Jennie B. Scott.

Cause of Death { Primary Still Born. How long sick Still Born. Accident, Suicide, Homicide

Reported by Wm. W. Ward. M.D.

Address Granite Balto G. Mo.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 1902

Male

Female

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jennie B. Hamilton.
 Town *Granite* County *Balto.*

MARYLAND

Month *Mar.* Day *7th* Y. *40* M. *4* D. *2* Native of *Maryland* Occupation *Housewife*.
 Married *Widow* Divorced *Widow*
 Single *Widow* Number of children living *Three*.

David E. Hamilton 120
 Alex Scott. Mother's Maiden Name *Mellie Davis*.

Primary *Uremia & Colic of Lung* How long sick *Six days*.
 Immediate *Exhaustion* Accident, Suicide, Homicide

Wm H. Ward A. G. M. J.
Granite *Balto. Md.*



Name in Full

Certificate of Death

Louis Hammelman

611

Died at ^{Town} Canton ^{County} Baltimore

MARYLAND

Date 1902 3 - 29th Age 45 - - -
 Male White Married ~~Widow~~ ~~Divorced~~ Native of Md Occupation Balloon Keeper
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living six

Husband of Margaret Gensler

Father's Name Sebastian Hammelman Mother's Name Mary B. Schlimbach
 Maiden Name

Cause of Death { Primary Tuberculosis Pulmonary -
 Immediate Cardiac failure -
 How long sick about one year
 Accident, Suicide, Homicide

Reported by J. C. Bremer M.D.

Address 1713 Bank St Balt. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Holy Redeemer Cemetery
Germanus Ivanu
Understater

Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Widower

Number of children living

MARYLAND

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Rev. France Hanovian

Died at ^{Town} Mt Hope ^{County} Balto MARYLAND

Date 19 02 3 19 Age 52 - - Ireland Clergyman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of _____
Wife

Father's Name _____ Mother's Name _____

Maiden Name _____

Cause of Primary Acacia Chronic

Death Immediate Ex Pul. Tuberculosis

How long sick Not many years

Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mt Hope Reister Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Belongs to Hartford Conn.

Name In Full

Certificate of Death

Edward T. Harnly

Died at ^{Town} Ellicott City ^{County} Balto MARYLAND

Date 1902 Mar 28 Age 78 Y. M. D. Native of Md Occupation Farmer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living 6

Husband of

Wife

Father's

Name

Jane Harnly

Mother's

Name

93

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. J. Byrne

Address

Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-
ceived from _____

of _____

Mrs Caroline Hartman

Town

County

Died at Reisterstown Road. Mt Hope Balto Co

MARYLAND

Date 1902 3 20 Age 68 - - Native of Germany Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of August Hartman

Wife

Father's Name Mother's Name

Maiden Name

Cause of Primary Acute Gastritis 104 How long sick 48 hours

Death Immediate Cardiac Failure - Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mt Hope Reformatory Balto Co Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Adam Heimmüller

Town

County

Calumet

Balt.

MARYLAND

Died at

Date 189

902 Mar 30

Age 53 2 16

Native of

Occupation

Germany Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 8.

Husband of

Wife

Father's

Name

Mary Heimmüller

Mother's

John Henry Heimmüller Anne Martha 156

Cause of

Primary

How long sick 156

Death

Immediate

Gas Asphyxiation

~~Accident~~, Suicide, ~~Homicide~~

Reported by

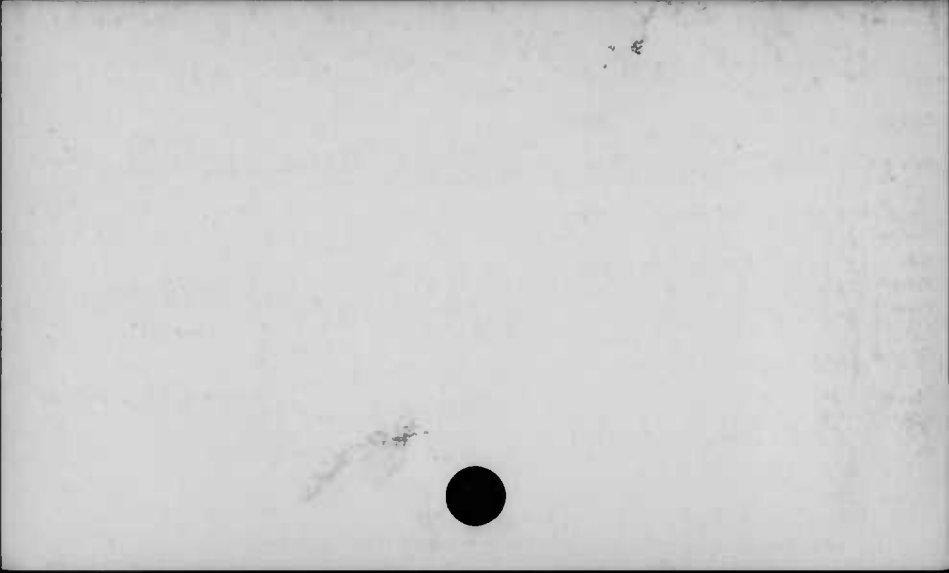
W. E. Mayle Coroner

Address

Harbold/Hausfeld

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79859



Mary E Hendrix

Town

County

Died at *New Market* *1* *Baltimore* MARYLAND

Date *1902* *3* *17* *1902* *85-34-6* *Penna* *Housekeeper*
 Month Day Y. M. D. Native of Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

Husband of *Joshua Hendrix*
 Wife *Joshua Hendrix*

Father's Name *Henry Anstine*

Mother's Name *Elizabeth Miller*

Cause of Death { Primary *Increasing age* Immediate *General Debility* }
 How long sick *9 months*
154
~~Accident, Suicide, Homicide~~

Reported by

Daniel V Moyer M.D.

Address

Maryland Line

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md



Sarah C. Herbert

Town

County

Died at

Catonsville

Balto.

MARYLAND

Date

1902 Ind. 29

Age

53-0-0

Native of

Maryland

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living Unknown

Husband of

Wife Unknown

Father's

Name

Unknown

Mother's

Name

Unknown

Cause of

Primary

Arterio-Sclerosis

How long sick

3 days

Death

Immediate

Apoplexy

~~Accident~~

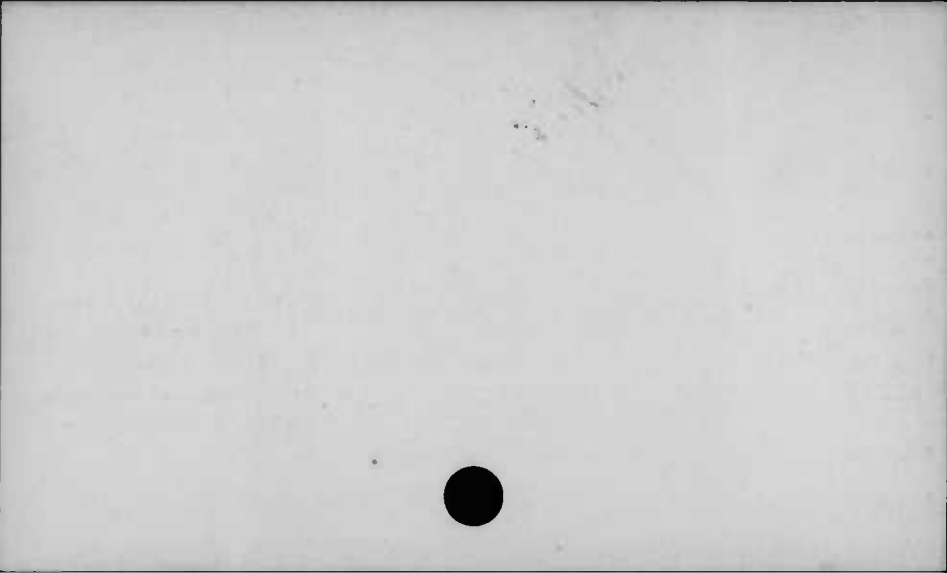
Reported by

J. Percy Wake M.D.

Address

Ind. Hosp. for insane Catonsville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *St. Agnes Hospital* *Baltimore* *MARYLAND*
 Town County

Date 1907 *Mar. 6* Age *11* Y. M. D. Native of *Md.* Occupation *None*
 Month Day

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

~~Mother's~~~~Maiden Name~~

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Name In Full

Certificate of Death

Charles Hoffman

Town

County

Died at

Baltimore

MARYLAND

Date 19 02 3 12 Age 30 1 - Native of Germany Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of Death { Primary Immediate

John Hoffman 12/1
Emilie Hamelton
Hematoma in
Exhaustion of
About a year
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

0-70-13-25

Name In Full

Certificate of Death

Harry J Hofsteter

Town

County

Phila Road

Balto

MARYLAND

Died at

Date 1902

Month Day

3, 13

Y.

M.

D.

Native of

Occupation

Age

2

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

William Hofsteter

Mother's

Maiden Name

Minnie Kewitz

Cause of

Primary

Pneumonia

Death

Immediate

Exhaustion

How long sick

1 week

Accident, Suicide, Homicide

Reported by

J L Schofield MD
1400 Forest St

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Walter C. Hunter

Town

County

Canton

Balt

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

102

3

13

Age

20

3

D.C.

None

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Phillip Hunter

Mother's
Name

Sarra W Hunter

Cause of

Primary

Acute Nephritis

How long sick

6 days

Death

Immediate

Uremia

119

Accident, Suicide, Homicide

Reported by

W. J. Jones M.D.

Address

3118 O'Donnell St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

George A. Infamy

142

Town

County

Mt Wiggins

Baltimore

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

March 27

Age

1-8-14

Balt. Co

Male

White

Married

Widow

Divorced

Female

Colored

Single

WidowerNumber of children livingHusband
of

Wife

Father's

Name

Fred. Infamy

Mother's

Maiden Name

Mary Schroeder

Cause of

Primary

Malaria

Death

Immediate

Exhaustion

How long sick

8 months

Accident, Suicide, Homicide

Reported by

Frank H. Kuhl M.D.

Address

Lonsdorone

Balt. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James A. Jackson

Town

County

Died at

Catonsville

Balto.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

March 28

Age 57

U. S.

Photographer

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of
Wife

Father's

Mother's

Name

Name

64

Cause of

Primary

Paralysis

How long sick

Several years

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

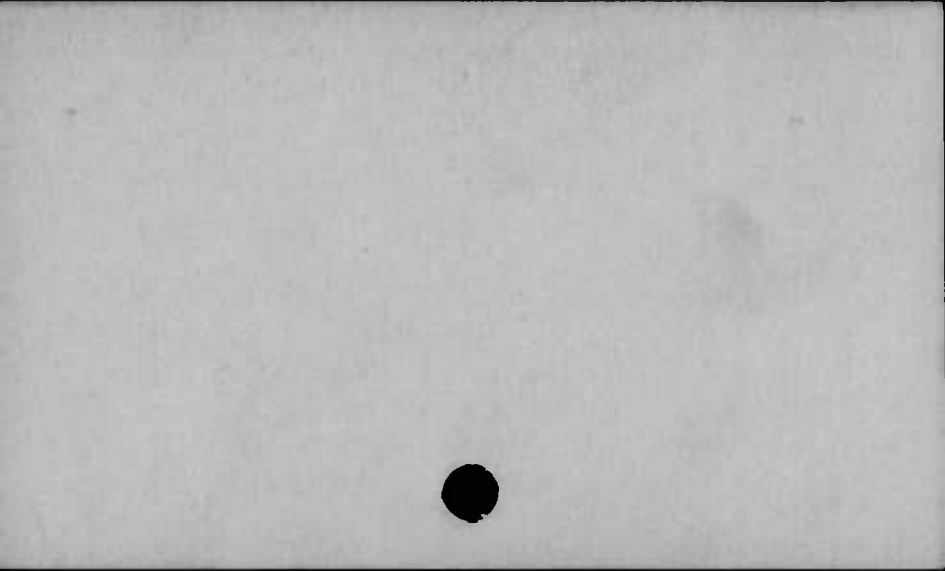
Reported by

J. H. May

Address

Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martin Jennings
 Died at *St. Agnes Hospital* *Baltimore* **MARYLAND**
 Town County

Date 19 *62* *March 10* Month Day Y. M. D. Age *37* Native of *Ireland* Occupation
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79865



Name in Full

Certificate of Death

Charles Henry Johnson

Town

County

MARYLAND

Died at Beaver Dam Baltimore

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189 Mar 1 Age 2 Maryland

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Alfred. S. Johnson Ashwood Johnson

Cause of

Primary

Whooping Cough

~~How long sick~~

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Dr J. H. Benson

Address

Bokehsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Mary Jones (Colored)

Town

County

Died at

MARYLAND

Died at Catonsville Balto.
 Date 1902 March, 28 Age 41-0-0 Maryland Domestic
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of
Wife

27

Father's
Name

Mother's
Name

Unknown

Unknown

Cause of

Primary

Pulmonary Tuberculosis

How long sick

3 mos.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. Percy Trade M.D.

Address

Mt. Hospital Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



~~Mrs. Mary (Jones)~~
~~Leontville~~ ^{Town} ~~Mills~~ ^{County}

CERTIFICATE

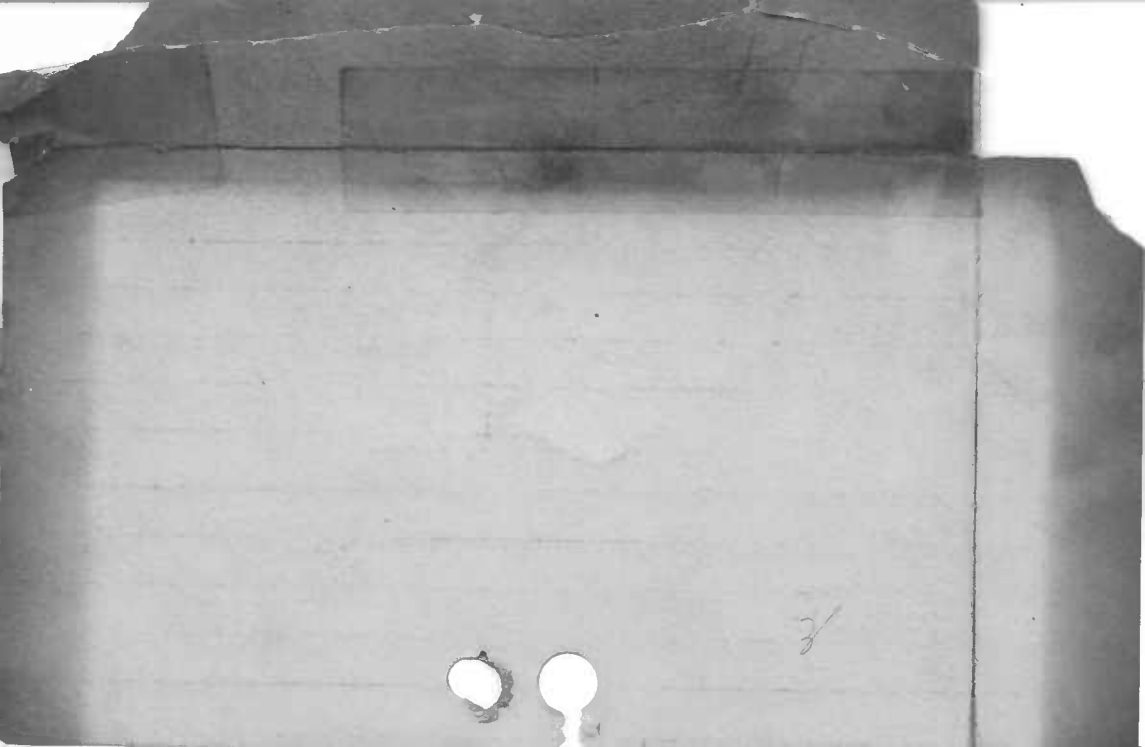
MARYLAND

190 2 ^{Month} Mar ^{Day} 25 ^{Age} 40 ^{Years} 40 ^{Months} 40 ^{Days}

Sex	<u>Female</u>	Color or Race	<u>Cauc</u>	Birth-place	<u>Ind.</u>
Married, Single or Widowed	<u>Single</u>	Occupation			
Name of Wife or Husband	<u>Single</u>				
Father's Name	<u>X</u>	Father's Birthplace		<u>X</u>	
Mother's Maiden Name	<u>X</u>	Mother's Birthplace		<u>X</u>	
Name of person giving information	<u>X</u>	How related to deceased		<u>X</u>	

CAUSES OF DEATH

Primary	<u>Sub-acute Marria</u>	How long	<u>2 mos</u>
Immediate	<u>Pulm Tuberculosis</u>	How long	<u>4 mos</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Thos. Wade</u>
	<u>No</u>	Address	<u>Calvinville, Mo.</u>
Accident or Suicide?			



Name in Full

Certificate of Death

Walter M. Jones

Town

County

Died at Mt Hope Retreat Mt Hope Balto Co MARYLAND

Date 1902 3 3rd Age 51 - - U.S. Laundry

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of _____

Wife _____

Father's Name _____

Mother's Maiden Name _____

Cause of Primary Chronic Albuminuria How long sick

Death Immediate Cordiac debility & Hypostatic Congestion - Accident, Suicide, Homicide

Reported by J. J. Lannery M.D.

Address Mt Hope Retreat - Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79908

Belongs to Washington D.C.

Name In Full William Jones
 Town Pachdale County Baltimore Co MARYLAND
 Died at Pachdale
 Month March Day 8th Y. 3 M. 3 D. 3 Native of U.S. Occupation —
 Date 1902 March 8th Age 3
 Male White Married — Widowed — Divorced —
 Female Colored Single — Widower — Number of children living —
 Husband of —
 Wife —

Father's Name Joshua Jones Mother's Name Martha Jones
 Cause of Death { Primary Acute Indigestion How long sick 1 day
 Immediate Heart failure Accident, Suicide, Homicide —

Reported by A. C. Smith M.D.

Address 151

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Martha Kapp*
Puget Town *Baltimore* County MARYLAND

Date 19*12* *March* 8 Month Day Y. M. D. *86. 1. 0* Nature of *Pemna* Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ *Widow* Number of children living *6*

Husband of *Michael M. Kapp*
 Father's Name *John Fidler* Mother's Maiden Name *Maria (?)*

Cause of Death { Primary *Senectus* Immediate *Asthma* } How long sick *15* *two years*
 Accident, Suicide, Homicide

Reported by *William J. Todd M.D.*
 Address *Mt Washington, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

W. S. Evans Hall
Northumberland
Pa.
Mar - 10 - 1904

Name In Full

Certificate of Death

Sarah E Kelley

Town

County

MARYLAND

Died at

Oella

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892

March 29

Age

18

Maryland Mill Hand

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
NameMother's
Name

James Kelley

Sarah Kelley

Cause of

Primary

Pulmonary Tuberculosis

How long sick

6 mo

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

M. C. T. Maufeldt

Address

Calonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. 27
of

Seen by Coroner
of

Information contained in this certificate re-
ceived from

Name in Full

Certificate of Death

Lilly May Kitson

Died at ^{Town} Highlandtown ^{County} Baltimore MARYLAND

Date 19 ^{Month} 02 ^{Day} March ^{Y.} 4th ^{M.} Age ^{D.} 3 ^{Native of} 7 ^{Highlandtown} 4 ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living 1

Husband
of
Wife

Father's Name George Kitson Mother's Maiden Name Gertrude A Hollenshade

Cause of Death { Primary Bronchitis 90 How long sick Two weeks
 Immediate Bronchitis 90 Accident, Suicide, Homicide

Reported by John D Gwynne - Reece M D

Address 1318 Third Street
Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Oremos M. E Church Cemetery
Funeral Mch. 6th 1902

Germanus France

Undertaker

Name in Full

Certificate of Death

Hazel Kirk,

Town

County

Died at

MARYLAND

Date 19

02

March 17th

Age

59

Native of

Occupation

Md Mary

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband
of
Wife

Father's

Mother's

Name

Frank Kirk

Maiden Name

Sophia Gunther

Cause of

Primary

Pertussis

How long sick

10 days

Death

Immediate

Pertussis

~~Accident, Suicide, Homicide~~

Reported by

Frank C. Elchuel MD

Address

Green Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Adelaide Kissinger

Died at St. Agnes Hospital Baltimore MARYLAND

Date 1907 Mar. 11 Age 25 - — New Orleans Sister of Charity

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary

Typhoid fever

How long sick inhospital 16 days

Death Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Harold K. French, M.D.

Address

St. Agnes Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79495



Name in Full

Certificate of Death

Jacob Kratzer
 Town _____ County _____

Died at

MARYLAND

Date 19*14* Month *3* Day *26* Y. *50* M. *50* D. *50* Native of *Balto* Occupation *Porter*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living _____

Husband of

Wife *Not Known* Mother's *M*
 Father's Name _____ Maiden Name _____

Cause of

Primary

Cholelithiasis

How long sick

44 days

Death

Immediate

Lobar Pneumonia

Accident, Suicide, Homicide

Reported by

Thomas Mc Brae

Address

Johns Hopkins

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Prince Lacy

Town

County

Died at

Laursville

Balto

MARYLAND

Date *1902*

Month

Day

Y.

M.

D.

Native of

Occupation

3

2

Age

70

Ireland

Dairy man

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

120

3 weeks

Reported by

Address

E. G. Darling M. D.

Laursville



Name In Full

Certificate of Death

John Lahue

564.

Died at Mr Hope Retmab Balto Co

MARYLAND

Date 1902 3 1st Month Day Age 48 - - M. D. Native of Ind Occupation Musician -Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of _____

Wife

Father's Name _____

Mother's Maiden Name _____

Cause of Primary Paresis - How long sick _____Death Immediate Exhaustion - Accident, Suicide, Homicide _____Reported by Frank J. Filanvery MDAddress Mr Hope Retmab Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Forty One

Hannah Jane Lutz

Town

County

Died at *Jacksonville**Baltimore*

MARYLAND

Date 1902 *Mar. 12*Age *45-9-10*

Native of

Occupation *housewife*~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~-Number of children living *0*~~Husband~~ ofWife of *George Lutz*

Father's

Name

Alexander Guthrie

Mother's

Maiden Name

Elizabeth A. Engle

Cause of

Primary

Abscess of liver

How long sick

1 day

Death

Immediate

Shock from rupture of same~~Accident, Suicide, Homicide~~

Reported by

Thos. H. Emory M.D.

Address

*Hesa**Hargord Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Mc Cormick

Town

County

Died at

Bosley

Baltimore

MARYLAND

Date 189 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 9th

Age

70 - -

Ireland

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living Seven.

Husband
of

Jane Mc Cormick

Wife

Father's

Name

Mc Cormick

Mother's

Name

Mary Mc Cormick

Cause of

Primary

General debility

How long sick

Two or three months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

A. C. Smith. M.D. 154

Address

Mt Royal Apartment Baltimore. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Corbin Mays

Near Town
Calonsville

County

Baltimore

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1902 Mar 24

Age

6

Caroline C.

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Robert Mays

Mother's

Name

Fannie Mays

Cause of

Primary

Typhoid Fever

How long sick

12 days

Death

Immediate

As theia

Accident, Suicide, Homicide

Reported by

Hearvell Monumiro Jr. M.D.

Address

Dickerville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 68968



Name In Full

Certificate of Death

H. E. Mendelson

Died at ^{Town} Hospital for Consumptives ^{County} Anson Baltimore MARYLAND

Date 1899 1902 3 1 Age 29-6-17 Native of Rumania Occupation Clerk

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 1

Husband of Sarah Mendelson

Wife

Father's Name David Mendelson

Mother's Name Jeata Mendelson

Cause of Death { Primary Immediate Tuberculosis 27

How long sick

Accident, Suicide, Homicide

Reported by

Address

Isaac R. Rich

Anson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Maggie Colgate Merritt

Town

County

Died at

Grange

Baltimore

Maryland

MARYLAND

Date 19

March 13

17

Age 18 10 2

W.S.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

female

~~Colored~~

White

Single

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's S.S. Merritt

Mother's

A.C. Merritt

Name

Maiden Name

Abigail C. Graves

Cause of

Primary

Interstitial Nephritis

How long sick

30 hours

Death

Immediate

Uraemia + peritonitis

Accident, Suicide, Homicide

Reported by

Arthur W. H. Seiple

Address

312 O'Donnell St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catherine J. Metzger

Town

County

MARYLAND

Died at

Highland Baltimore

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1902

3 28

Age

33 0 3

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

~~Wife~~ of

Wife

Father's

Name

Jno Metzger

Mother's

Name

106

Cause of

Primary

Inflammatory bowels

How long sick

3 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J S Warner

Address

1120 Highland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Joseph B Mitchell
 Died at Charles St. Av & Cold Spring Av MARYLAND

Date 1902 3 11 Age 4 5 11 Native of American Occupation none
 Male White Married Widower Divorced
 Female ~~Single~~ Single ~~Widower~~ Number of children living

Husband of
 Wife

Father's Name Edgar Mitchell Mother's Maiden Name Mary A Mitchell

Cause of Death { Primary Membranous Group How long sick 2 days
 Immediate " " Accident, Suicide, Homicide

Reported by J. B. Hummer M.D.

Address 123 N Carey St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mount Olivet Cemetery
Martin Fabyh & Son

Name in Full

Certificate of Death

Peter Monahan

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

3-5

Y.

M.

D.

Age

29-

Native of

N.Y.

Occupation

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

—

Husband
of

Wife

Father's

Name

don't know

Mother's

Maiden Name

don't know

Cause of

Primary

Accident

How long sick

—

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Miller, Coroner

166



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 19

Male

Female

Month

Day

Y.

M.

D.

Native of

Occupation

Age

White

Married

Widow

Divorced

Colored

Single

Widow

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Grace M. E. Church

Name in Full

Certificate of Death

George Oliver

Died at

Town

Canton

County

Balt

MARYLAND

Date 1902

Month

3

Day

12

Age

Y.

74

M.

D.

Native of

Ireland

Occupation

None

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

5-

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paras

Death

Immediate

Exhaustion

How long sick

13 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

ZIRKLER & ZIRKLER.

216 S. Broadway

Zinkens & Zinkens

Mr. Carmel Cenny

William Long Palmer

Died at ^{Town} Walkers^{County} Balt

MARYLAND

Date ¹⁹⁰² 189 ^{Month} 3 - ^{Day} 20 - ^{Y.} 42 ^{M.} 3 ^{D.} 25 ^{Native of} Md ^{Occupation} Laborer
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5-

Husband of Sarah Burrs
 Wife

Father's Name William Palmer Mother's Name Ann Carmen

Cause of Death { Primary Rheumatism How long sick 1 year
 Immediate Paralysis of the Heart Sudden
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Marilee E. Parks
 Town County

Died at

Chesnut Ridge Baltimore MARYLAND

Date

1902 Mar. 25 Y. M. D. Age 3 Native of Ind Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
 of

Wife

Father's

Name

Wilbert G. Parks Mother's Name Lottie B. Parks

Cause of

Primary

Inanition

How long sick

few hrs.

Death

Immediate

Cramps

Accident, Suicide, Homicide

Reported by

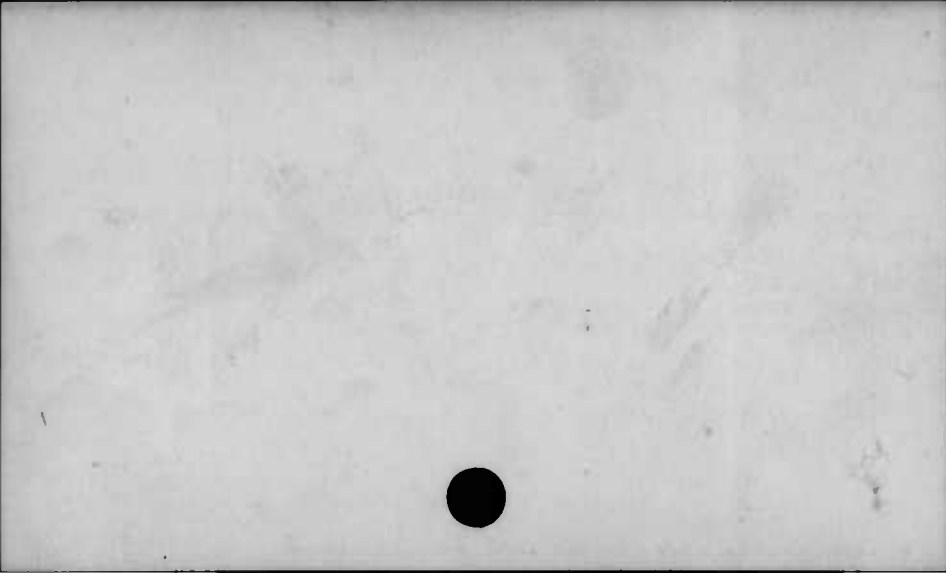
D. F. Boney M.D.

Address

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Almira B. Price

Town

County

Died at

Phoenix

Baltimore

MARYLAND

Date 1902

Month

Day

Mar. 4

Y.

M.

D.

Age

35-10-4

Native of

Ind.

Occupation

none

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living 3

~~Husband~~ of

Wife

George Price

Father's

Name

John Turnbaugh

Mother's

Maiden Name

Celia Knight

Cause of

Primary

Phthisis

How long sick

2 years

Death

Immediate

the same

~~Accident, Suicide, Homicide~~

Reported by

Thomas H. Emory Jr. D.

Address

Hess

Hargford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Please fill out for Jessons
Oblige

M. C. Brooks

Name In Full

Certificate of Death

Mordesai Price

Died at Town Lovans County Baltimore

MARYLAND

Date 189 1902 Month 3 Day 5 Y. 80 M. - D. - Native of Maryland Occupation Dentist

Male White Married Widow Divorced Widower Number of children living None

~~Female~~ ~~Colored~~ ~~Single~~

Husband of Hannah Horlicks

Wife and Sarah Jane Dune

Father's Name Mordesai Price Mother's Name M

Cause of Death { Primary Static Pneumonia

Immediate Asthma

How long sick

24 hrs~~Accident, Suicide, Homicide~~

Reported by Pennell H. Dappington

Address Station H - City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Chas W. Pugh

Died at ^{Town} *Can't* ^{County} *Baltimore County* *MARYLAND*

Date 19 *Mch* ^{Month} *3* ^{Day} *1902* ^{Y.} *21* ^{M.} *days* ^{D.} *Native of* *American* ^{Occupation} _____

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living _____

Husband of

Wife

Father's Name *Wm B Pugh*Mother's Name *Christina A. Pugh*
Maiden Name _____

Cause of Death { Primary *Pneumonia* *Q* ^{How long sick} *five days*
 Immediate *Exhaustion* ^{Accident, Suicide, Homicide} _____

Reported by *Arthur W. H. Seiple MD*Address *3112 Odumell St*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Minna Luandt

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

3

31

Age

40

Germany

Wife

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Haemorrhage

How long sick

4 weeks

Death

Immediate

Haemorrhage Toxaemia

Accident, Suicide, Homicide.

Reported by

Dr R. C. Massenburg

Address

Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

143

Died at *Westport* Town *Baltimore* County *MARYLAND*

Date 19*02* Month *Mar* Day *29* Age *2* Y. *5* M. *19* D. *Md.* Native of *Md.* Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband
 of
 Wife

Father's Name *Aquila, Reese* Mother's Name *Sarah, Disney*

Cause of Death { Primary *Tonsillitis* Immediate *Suffocation* } How long sick *5 days*
 Accident, Suicide, Homicide

Reported by *H. B. Hoechst, M.D.*
 Address *Westport* *Baltimore Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full **Hannah Rensinger**
 Town **Arlington** County **Baltimore** MARYLAND
 Died at **Arlington**
 Date 1902 **3** **22** Month Day Age **86** Y. M. D. Native of **md** Occupation **None**
~~Male~~ **White** ~~Married~~ **Widow** ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living **4**
 Husband of **Unknown**
 Wife **Unknown**
 Father's Name **Unknown** Mother's **Unknown**
 Maiden Name **Unknown**
 Cause of Death { Primary **Pneumonia** **Q3** How long sick **one month**
 Immediate **Exhaustion** Accident, Suicide, Homicide
 Reported by **E. Lewis E. Jones**
 Address **Arlington**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry Remus Miller

Died at ^{Town} Rossview ^{County} Baito

MARYLAND

Date 1912 ^{Month} Mar ^{Day} 27 ^{Y.} Age 76 ^{M.} ^{D.} ^{Native of} Germany ^{Occupation} Farmer

Male White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Singl~~ Widower Number of children living 2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Death { Primary Immediate

How long sick

2 hrs

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Entered at
St Petters church
Below Road

George Grammer
undertakes

Sister Mary Lagola Robinson

Town

County

MARYLAND

Died at Mt. Sales Baltimore

Date 1902 Month 3 Day 6 Y. 38 M. 11 D. 10 Native of D.C. Occupation Religious

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's Name John Robinson

Mother's Name Augusta Hammick

Cause of Death Primary Valvular (Mitral) Disease of Heart 7 months
Immediate cardiac asthma

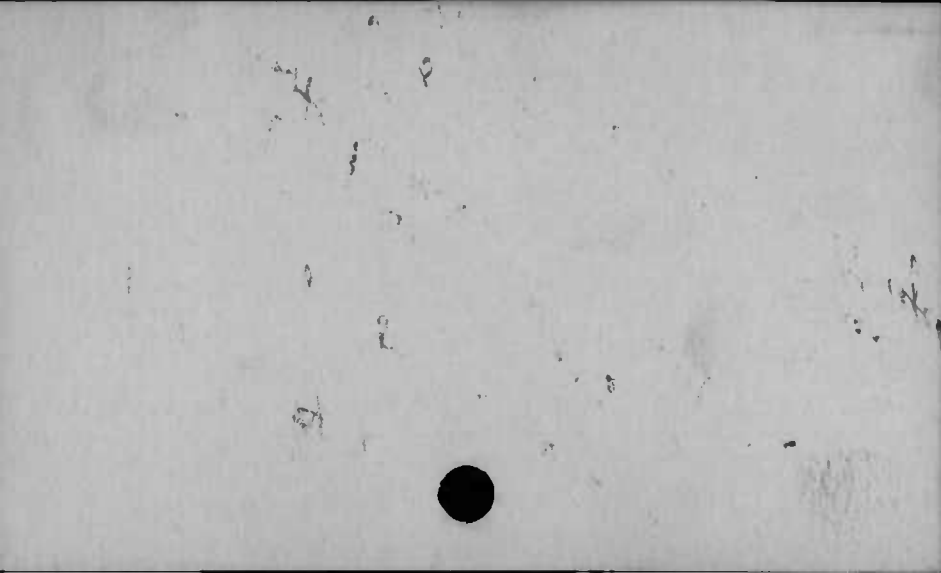
How long sick

Accident Suicide Homicide

Reported by J. C. Marmmoner M.D.

Address Dr. Keyville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nanceless

Town

County

Died at

MARYLAND

Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 28

Age

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Still born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. E. L. Driscoll

Address

Gorhamstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Katherine Regan

Town

County

Died at 1 Highland Town

Baltimore

MARYLAND

Date 1902 Mar 9th Y. M. D. Age 16 yrs. Native of Md. Occupation none

Male White Married Widower Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name John Regan

Mother's Name Mary Regan

Cause of Death { Primary Pulmonary Tuberculosis How long sick 6 mos

Death { Immediate Exhaustion Accident, Suicide, Homicide

Reported by H. H. Hayden Md.

Address 1425 Light St. Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

Died at

Date

Male

Female

Husband
of
WifeFather's
NameMother's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Schmidt
Town Bayview Asylum County Baltimore

Month	Day	Y.	M.	D.	Native of	Occupation
3	9	53	X	X	Germany	+
		Age			Married	Widow
					Single	Widower
		Number of children living				

MARYLAND

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Katie Schuler

Town

County

MARYLAND

Died at

Cronton

Balto

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar

28th

Age

1

US.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Gastro Enteritis

How long sick

Month

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. N. Stacey, MD

Address

2, Hudson St. Et.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

H Sander & Sons
St Joseph Cemetery
Baltimore County.

Name in Full

Certificate of Death

Name *John Shea*
 Died at *Mt Washington* ^{Town} *Balt* ^{County} *MARYLAND*

Date 18*902* ^{Month} *3* ^{Day} *3* ^{Y.} *—* ^{M.} *4* ^{D.} *—* ^{Native of} *U. S* ^{Occupation} *Child*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *none*

Husband of *—*
 Wife

Father's Name *Late Dennis Shea* Mother's Name *Mary Shea*

Cause of Death { Primary *Enteritis* Immediate *Meningitis* *105*
 How long sick
 Accident, Suicide, Homicide

Reported by *Morris Shanks M.D.*

Address *Mt Washington*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

S^t. Mary's Cemetery
Granston
Martin Fisher & Sons

Frederick Smith

Town

County

MARYLAND

Died at

New Market

Baltimore

Date

1901

Month

Day

3

17

Age

85

Y.

M.

D.

Native of

Prima

Occupation

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

8

Husband

of

Mary E. Reed

Father's

Name

Not Known

Mother's

Name

Not Known

Cause of

Primary

Debility of the aged

Death

Immediate

Decline of vital force

How long sick

10 days

~~Accident, Suicide, Homicide~~

Reported by

Daniel D. Moyer M.D.

Address

M Line

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Gordon Smith

Died at ^{Town} S. & P. Hopitt, ^{County} Baltimore MARYLAND

Date 19 ^{Month} 02 ^{Day} 3 ^{Year} 2 ^{Age} 37 - ^{Native of} Va ^{Occupation} Cashier

Male White Married ~~Widower~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living

Husband of Annie Smith

Father's Name Mother's Maiden Name

Cause of Death { Primary Paresis
 Immediate Cerebral Apoplexy

How long sick

6 mo.

Accident, Suicide, Homicide

Reported by Char. M. Franklin,

Address Towson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Szilman

Town

County

Died at

MARYLAND

Parkville

Baltimore

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 20

Age

5. 18

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

John Szilman

Minna Jaffer

Cause of

Primary

Pneumonia

How long sick

5 weeks

Death

Immediate

Broncho Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

G. G. Evershant M D

Address

Hampton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

F. L

95

St John's Harb. rd.

Name in Full *Gladys M. Springer*
 Town *Govanstown* County *Baltimore* MARYLAND

Died at
 Date *1902* Month *3* Day *19* Age *8* Y. *8* M. *19* D. *U.S.* Native of *U.S.* Occupation _____
 Male *White* Married *Widow* Divorced _____
 Female *Colored* Single *Widower* Number of children living _____

Husband of

Wife

Father's Name *J. F. Sprunge*

Mother's Name *Emelia L. Sprunger*

Cause of Death { Primary *Enteritis*
 Immediate *Heart Failure*

105

How long sick

5 days.

Accident, Suicide, Homicide

Reported by *John A. Evans M.D.*

Address *1918 Penna Ave*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Gladys Marguerite Springer

Town

County

MARYLAND

Died at

Gorhamstown

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Mar. 19

Age

—

8-19

md

Child

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

J. F. Springer

Mother's

Maiden Name

Annie L. Harpel.

Cause of

Primary

Enteritis

105

How long sick

5 days.

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

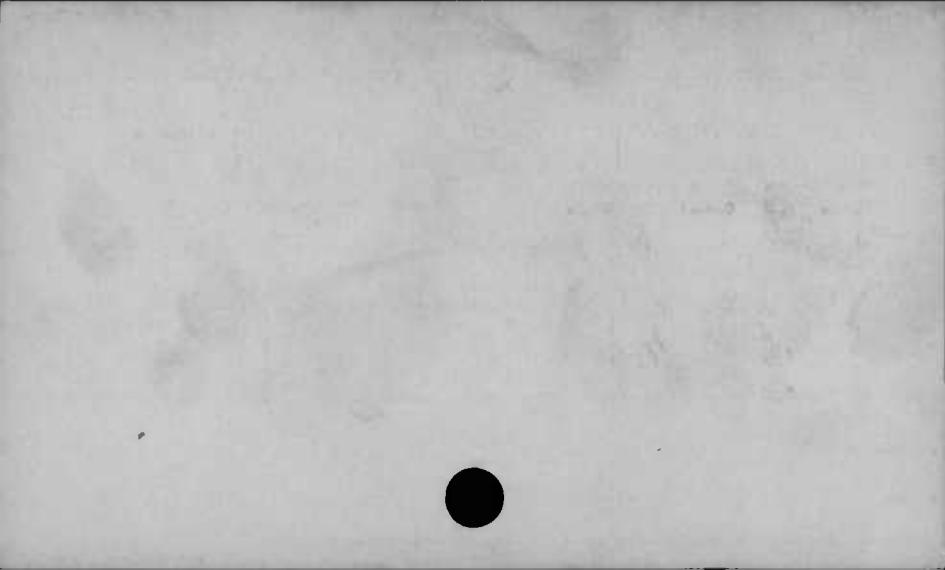
Reported by

C. M. Suter. Undertaker.

Address

Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Shumer's Point - Kent Town Kent County MARYLAND
 Date 1902 Month March Day 16 Y. — M. — D. — Native of — Occupation —
— White — Divorced —
 Female — Single — Widower — Number of children living —

Husband
of
Wife

Father's Name Sam'l. Tinsley Mother's Name Theresa Pearce
 Maiden Name —

Cause of Death { Primary Self imm. How long sick —
 Immediate — Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward Stevenson

Town

County

Died at

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Mar

15

Age

56

Baltimore Co

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tuberculosis

Death

Immediate

Laryngitis

How long sick

16 Mo

Accident, Suicide, Homicide.

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

William H. Taylor

Town

County

Died at

MARYLAND

Violetville

Baltimore

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1902

mch.

19

Age

68 yrs

Maryland

Jinnce

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

64

Cause of

Primary

Cerebral Hemorrhage

How long sick

about 4 hours

Death

Immediate

Heart & Respiratory failure

Accident, Suicide, Homicide

Reported by

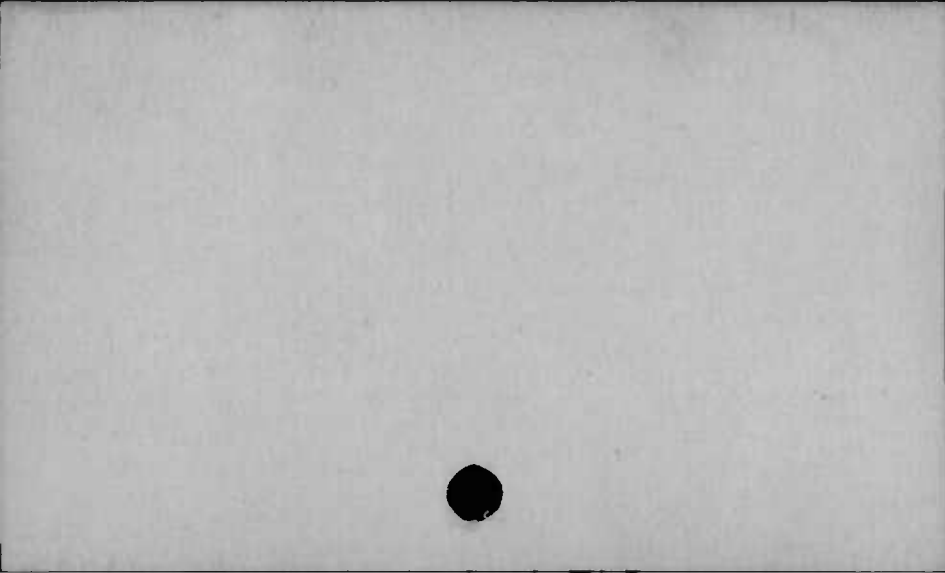
Lewis H. Gundersen MD

Address

Fremington Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Emma Thomas

Town

County

Died at East Washington Balt.

MARYLAND

Date 1902 Month 3 Day 24 Age 32 Y. M. D. Native of Md Occupation Home

Male White Married Widower Divorced

Female Colored Single Number of children living 1

Husband of Saml Thomas

Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Tuberculosis Immediate Exhaustion

How long sick 6 mos.

Accident, Suicide, Homicide

Reported by D. H. Beeter Md

Address East Washington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H. J. Mawhall
Govanstown C.

Mar 27-1902

Name in Full

Certificate of Death

~~unnamed~~
Dan. M.

Triplett

Town

County

MARYLAND

Died at

Hollbrook

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3-17

Age

-- 3

Ind -

Lawyer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

J. J. Triplett

Mother's

Maiden Name

Abbie Green

Cause of

Primary

Blame being

How long sick

Death

Immediate

Insufficiency of heart

Accident, Suicide, Homicide

Reported by

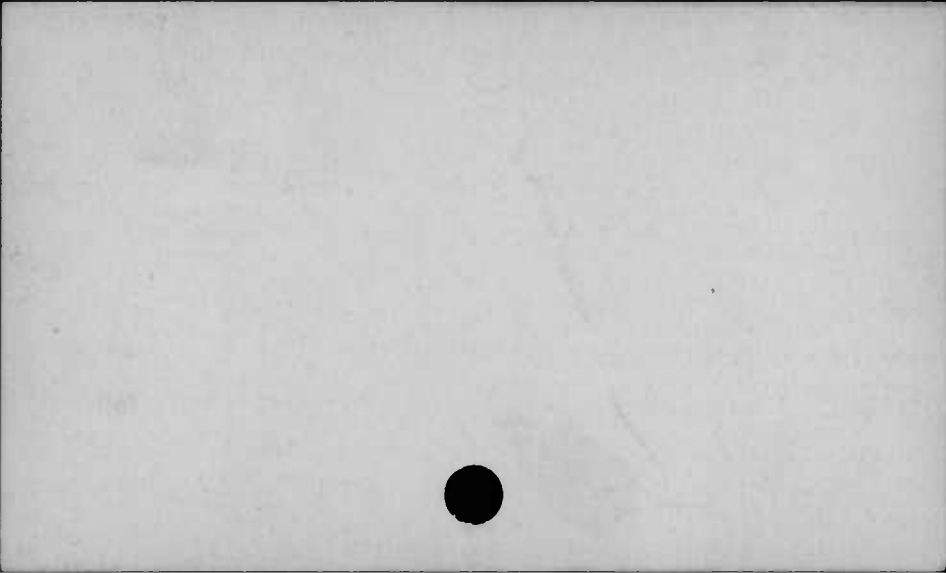
J. E. Rolfe M.D.

Address

Harrisonville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M.D.



Name In Full

Certificate of Death

John Franklin Vanderau

Died at ^{Town} Mt Hope Retreat ^{County} Balto Co

MARYLAND

Date 1902 ^{Month} 3 ^{Day} 5 ^{Y.} Age 57 ^{M.} - ^{D.} - ^{Native of} Penna ^{Occupation} Hotel Keeper

Male ^{White} Married ^{Widow} Divorced ^{Female} Colored ^{Single} Widower ^{Number of children living}

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Mania Chronic -

How long sick

Death

Immediate

Ex - Status Epilepticus

Accident, Suicide, Homicide

Reported by

Address

Reported by Frank J. Filanovsky M.D.

Address Mt Hope Retreat Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Belongs to and
came from Penna.

Nama in Full

Certificate of Death

Margaret Hallwein

Died at ^{Town} Bay View Asylum ^{County} Balto.

MARYLAND

Date	1902	Month	3.	Day	14	Age	66	Y.	X	M.	X	D.	Native of	Germany	Occupation	
	Male		White		Married		Widow		Divorced							
	Female		Colored		Single		Widower		Number of children living							

Husband of

Wife

Father's

Name

Mother's

Name

164

Cause of Death { Primary Old Fracture of Hip
Immediate Cardiac Failure

How long sick

Accident, Suicide, Homicide

Reported by

Address

Copy

N. G. Kerkle Jr.
Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm. Curley Walters

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 7

Age

61-7-4

Md.

Carpenter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

Wife of

Father's

Mother's

Maiden Name

Cause of

Primary

Paralysis

Death

Immediate

On

How long sick

2 yrs.

Accident, Suicide, Homicide

Reported by

Address

R. F. Hendersby, Mr. D.

Sta. E. Balt.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79000



Fred. Walter

Town

County

MARYLAND

Died at

Carney P.O.

Baltimore

Date 196

2

Month

Day

March 22

Age

Y.

M.

D.

45 - -

Native of

Occupation

Shoemaker &c

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

4

Husband
of
Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pulmonary Phthisis

How long sick

About 3 mos.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Luzard S. Whitford M.D.

Address

Parsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

St. Johns Luth Ch.
Harps

F. L. 96

Name in Full

Certificate of Death

Geo E. Welch

Town

County

Died at

Highlandtown

Baltimore

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
1902	3	14			9	Ind.	
Male	White	Married			Widow	Divorced	
Female	Colored	Single			Widower	Number of children living	

Husband
of
WifeFather's
Name

Geo W. Welch

Mother's
Name

Mollie V. Welch

Cause of Death	Primary	Spasm
	Immediate	

How long sick

4 hours

Accident, Suicide, Homicide

Reported by

Caroline B. B. B.

Address

315 Lombard St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Mollie V. Welch

571

Town

County

Died at

Highlandtown

Baltimore

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 7

Age

2

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Geo W. Welch

Mother's
Name

Mollie V. Welch

Cause of

Primary

Primitive Birth

How long sick

Death

Immediate

151

Accident, Suicide, Homicide

Reported by

Caroline Betz

Address

315 Lombard St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Henrietta E. Williams

141

Died at ^{Town} Mt. Airian ^{County} Balto. County MARYLAND

Date 1902 Mar 22 Age 18 yrs Native of U.S. Occupation Domestic

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

R. L. Williams

Mother's Name

Williams

Cause of

Primary

Exposure to cold

How long sick

Three days

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

W. Grantcott

Address

354 N. Biddle Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Lena Wolfe

Mt Hope Town

Baltimore

County

Maryland

MARYLAND

Died at

3 Month 15th Day

Y. M. D.

Native of

Occupation

Date 1902

Age

27 or 28 yrs

S. C

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

Belongs to Camden
S. C.

Name in Full

Certificate of Death

Henry Siegel-

Town

County

Died at

Highland

Balto

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
1902	3	17	69	6	20	Germany	Stone mason
Male	White	Married	Widow	Divorced	Number of children living		
Female	Colored	Single	Widower				

Husband
of

FE

Wife
Father's
NameMother's
Name

93

Cause of	Primary	Pneumonia
Death	Immediate	Asphyxia

How long sick

Accident, Suicide, Homicide

Reported by

A. Warner

Address

1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Geo Brant,
Western Union